

Clothing Allowance Reimbursement Form

Child's Name: _____
Date of Birth: _____

Tribal ID #: _____
Grade: _____

Items Purchased	Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: \$ _____

Please attach **ORIGINAL RECEIPTS** showing clothing purchases.

I certify that I personally purchased the products as itemized on the attached receipt for the above child.

Date

Signature of Person Submitting Request